| PATENT APPLICATION FEE DETERMINATION RECORD  Effective December 8, 2004       |  |   |  |                                  |                           |                                |          | Application or Docket Number |                        |                     |                     |  |
|---|--|---|--|----------------------------------|---------------------------|--------------------------------|----------|------------------------------|------------------------|---------------------|---------------------|--|
| CLAIMS AS FILED - PART I  |  |   |  |                                  |                           |                                |          | 101 36445C                   |                        |                     |                     |  |
|   |  | CLAINS /  | AS FILED - I                             |                                  | ·                         | (Column 2)                     |          | SMALL ENT                    | MTY                    | OR                  | OTHER<br>SMALL E    |  |
| U.S. NATIONAL STAGE FEES  |  |   |  |                                  |                           |                                | 7        | RATE                         | FEE                    |                     | RATE                | FEE  |
| BASIC FEE   |  |   |  |                                  |                           | •                              | 1        | BASIC FEE                    |                        | OR                  | BASIC FEE           | 300  |
| EXAMINATION FEE   |  |   |  |                                  |                           |                                | 1        | EXAM. FEE                    |                        |                     | EXAM. FEE           | 200  |
| SEARCH FEE  |  |   |  |                                  |                           |                                | 1        | SEARCH FEE                   |                        |                     | SEARCH FEE          | 400  |
| FEE FOR EXTRA SPEC. PGS.  |  |   | minu                                     | minus 100 =                      |                           | / 50 =                         | 1        | X \$ 125 =                   |                        |                     | X \$ 250 =          | <del>                                     </del> |
| TOTAL CHARGEABLE CLAIMS   |  |   | 1 × min                                  | / × minus 20 =                   |                           |                                | 1        | X \$ 25 =                    |                        | OR                  | X \$ 50 =           | <u> </u>   |
| INDEPENDENT CLAIMS  |  |   | mi                                       | / minus 3 =                      |                           |                                | 1        | X \$ 100 =                   |                        | OR                  | X \$ 200 =          | <del>                                     </del> |
| MUL   | TIPLE DEPEN                                    | DENT CLAIM PR   | ESENT                                    |                                  |                           |                                | 1        | + \$ 180 =                   |                        | OR                  | + \$ 360 =          | <u> </u>   |
| * If the difference in column 1 is less than zero, enter "0" in column 2      |  |   |  |                                  |                           |                                | TOTAL    |                              | OR                     | TOTÁL               | 900                 |  |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST |  |   |  |                                  |                           |                                | ·        | SMALL E                      |                        |                     |                     |  |
| AMENDMENT A   | 19/31/06                                       |   | ·  | NUMI<br>PREVIO<br>PAID           | BER<br>OUSLY              | PRESENT<br>EXTRA               |          | RATE                         | ADDI-<br>TIONAL<br>FEE |                     | RATE                | ADDI-<br>TIONAL<br>FEE                           |
|   | Total  | 14  | Minus                                    |                                  | 20                        | =                              |          | X \$ 25 =                    |                        | OR                  | X \$ 50 =           |  |
|   | Independent                                    | . 2   | Minus                                    | 3                                | <u> </u>                  | -                              |          | X \$ 100 =                   |                        | OR                  | X \$ 200 =          |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                  |                           |                                |          | + \$ 180 =                   |                        | OR                  | + \$ 360 =          |  |
| TOTAL ADDIT.  |  |   |  |                                  |                           |                                |          |                              | OR                     | TOTAL ADDIT.<br>FFF |                     |  |
|   |  | (Column 1)  |  | (Colun                           | mn 2)                     | (Column 3)                     |          |                              |                        |                     |                     |  |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |  | HIGH<br>NUME<br>PREVIO<br>PAID I | EST<br>BER<br>DUSLY       | PRESENT<br>EXTRA               |          | RATE                         | ADDI-<br>TIONAL<br>FEE |                     | RATE                | ADDI-<br>TIONAL<br>FEE                           |
|   | Total  | •   | Minus                                    | **                               |                           | =                              |          | X \$ 25 =                    |                        | OR                  | X \$ 50 =           |  |
|   | Independent                                    | •   | Minus                                    | ***                              |                           | 2                              | ] [      | X \$ 100 =                   |                        | OR                  | X \$ 200 =          |  |
|   | FIRST PRES                                     | ENTATION OF M   | IULTIPLE DEPE                            | NDENT (                          | CLAIM                     |                                | ] [      | + \$ 180 =                   |                        | OR                  | + \$ 360 =          |  |
|   |  |   |  |                                  |                           |                                | •        | TOTAL ADDIT.<br>FFF          |                        | OR                  | TOTAL ADDIT.<br>FFF |  |
| ***   | If the "Highest Nu<br>"If the "Highest Nu      | umn 1 is less than the<br>ember Previously Pai<br>ember Previously Paid<br>nber Previously Paid | id For in this SP/<br>id For in this SP/ | ACE is less<br>ACE is less       | s than '20<br>s than '3'. | 7, enter "20".<br>. enter "3". | d in the | e appropriate box            | : <b>in cotumn</b> 1   | 1.                  | :                   |  |